

Entered - 04/02/01 - sb
CL01L0204 - DIANNE C. MITCHELL


01- *R* -0955

**CLAIM OF: R. B. MANAGEMENT SERVICES,
through its insurance carrier,
Fireman's Fund Insurance Company
P. O. Box 18025
Tampa, Florida 33679**

For damages alleged to have been sustained as a result of a sewer
back up on April 2, 2000 at 271 Spring Street.

THIS ADVERSED REPORT IS APPROVED

BY:



**ROBERT N. GODFREY
DEPUTY CITY ATTORNEY**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0204

Date: June 15, 2001

Claimant /Victim R. B. MANAGEMENT SERVICES

BY: (Ins. Co.) Fireman's Fund Insurance Company

Address: P. O. Box 18025, Tampa, Florida 33679

Subrogation: _____ **Claim for Property damage \$** 44,046.45 **Bodily Injury \$** _____

Date of Notice: 03/14/01 **Method: Written, proper** X **Improper** _____

Conforms to Notice: O.C.G.A. §36-33-5 X **Ante Litem (6 Mo.)** _____

Date of Occurrence 04/02/00 **Place:** 271 Spring Street

Department Public Works **Division:** Sewer Operations

Employee involved _____ **Disciplinary Action:** _____

NATURE OF CLAIM: The claimant alleges that its property was damaged due to the overflow of storm water caused by an uncapped pipe that was installed through the wall of its building. The investigation determined that the City Sewer Operations' crew did not install the pipe, but that the pipe may have been installed by a private contractor working on the building. Furthermore, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
 Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ X _____ Other _____
 Traffic citations issued: City Driver _____ Claimant Driver _____
 Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months X Other X Damages reasonable
City not involved X Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
 Claims Manager: [Signature] Concur/date 06-15-01
 Committee Action: _____ Council Action _____



**Fireman's
Fund**

Fireman's Fund
Insurance Company

APR 14 2001

M. F. Hill
03/27/01

Ph

March 8, 2001

CITY OF ATLANTA
MUNICIPAL CLERK
55 TRINITY AV., SW
ATLANTA, GA 30335-0332
ATTN.: LAW DEPT

ENTERED - 4-2-01 - SB
0110204 - DIANNE MITCHELL

RE: Insured: R B Management Services
Claim No.: 600 P 00 879048
Date of Loss: 4/2/00
Type of Loss: Water Damage
Amount of Loss: \$44,046.45

Dear Sir/Madame,

Fireman's Fund Ins. Cos. Provided Commercial Property insurance coverage for the above captioned insured. We have settled this loss in the amount captioned. By the terms of our policy our insured's right of recovery is assigned to us.

Our investigation indicates the City of Atlanta is responsible for this loss. Therefore we are looking to you for reimbursement. Attached please find our supporting documentation.

Should you have any questions please contact the undersigned adjuster at (800) 282-2711, ext. 3148.

Sincerely,

Brenda J. Walker

Brenda J. Walker, SCLA
Sr. Recovery Adjuster
Fireman's Fund Ins. Cos.

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